

United States District Court

DISTRICT OF

David P. Fontaine (Pro Se Litigant)

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER: 04-30080-MAP

U. S., Internal Revenue Service, Commissioner of IRS,
 IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,
 State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
 State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

U.S. Government, c/o Attorney General of the United States
 Department of Justice,
 Washington, DC 20530

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
 68 Van Horn St.
 West Springfield, MA 01089

an answer to the complaint which is herewith served upon you, within sixty (60) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

Mary J. Linn

(BY) DEPUTY CLERK

DATE

April 29, 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Government
 c/o Attorney General of the United States
 Department of Justice
 Washington, DC 20530
 RE: Fed Court Case # 04-30080-MAP
 (1)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X*[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

[Signature] 6/2004

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
 (Transfer from servi

7002 3150 0002 2103 3575

102595-02-M-1540

PS Form 3811, August 2001

United States District Court

DISTRICT OF

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Washington, DC 20530

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TONY ANASTAS

CLERK

Mary Jane

(BY) DEPUTY CLERK

DATE

April 29, 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>U.S. Government c/o Attorney General of the United States Department of Justice Washington, DC 20530 RE: Fed Court Case # 04-30080-MAP (2)</p>		<p>B. Received by, (Printed Name) C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7002 3150 0002 2103 3933</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

United States District Court

DISTRICT OF

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State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Sheila O'Brien, Territory Manager
Internal Revenue Service, P.O. Box 57
Bensalem, PA 19020

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
68 Van Horn St.
West Springfield, MA 01089

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TONY ATASTAS

CLERK

Mary Lynn

(BY) DEPUTY CLERK

April 29, 2004

DATE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: Sheila O'Brien Territory Manager Internal Revenue Service P.O. Box 57 Bensalem, PA 19020 RE: Fed Court Case # 04-30080-MAP (6)		B. Received by (Printed Name) RECEIVED IRS C. Date of Delivery MAY 04 2004 BENSALEM, PA 19020	
2. Article Number (Transfer from service 1)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7002 3150 0002 2103 3896 Domestic Return Receipt 102595-02-A-15-10	

United States District Court

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IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,
State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gen. Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Jane B. Finnegan, Compliance Tech. Supp. Mgr.
Internal Revenue Service, P.O. Box 57
Bensalem, PA 19020

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
68 Van Horn St.
West Springfield, MA 01089

an answer to the complaint which is herewith served upon you, within sixty (60) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

PONY ANASTAS

CLERK

Mary Finn

(BY) DEPUTY CLERK

DATE

April 29, 2004

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Jane B. Finnegan Compliance Tech. Supp. Mgr. Internal Revenue Service P.O. Box 57 Bensalem, PA 19020 RE: Fed Court Case # 04-30080-MAP (8)</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery MAY 04 2004</p>	
<p>2. Article Number (Transfer from sender's label) 7002 3150 0002 2103 3872</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

United States District Court

DISTRICT OF

David P. Fontaine (Pro Se Litigant)

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER: 04-30080-MAP

U. S., Internal Revenue Service, Commissioner of IRS,
IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,
State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Larry Leder, Operations Manager, Collection
Internal Revenue Service, P.O. Box 57
Bensalem, PA 19020-8514

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
68 Van Horn St.
West Springfield, MA 01089

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TONY ANASTAS

CLERK

Mary Jean

(BY) DEPUTY CLERK

DATE

April 29, 2004

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Larry Leder Operations Manager, Collection Internal Revenue Service P.O. Box 57 Bensalem, PA 19020-8514 RE: Fed Court Case # 04-30080-MAP (9)</p>	<p>RECEIVED IRS</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>MAY 04 2004</p> <p>BENSALEM, PA 19020</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 3150 0002 2103 3865</p>
<p>PS Form 3811, August 2001</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

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State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Connecticut State Government, c/o Governor John Rowland
State Capitol, 210 Capitol Ave
Hartford, CT 06106

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
68 Van Horn St.
West Springfield, MA 01089

an answer to the complaint which is herewith served upon you, within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

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(BY) DEPUTY CLERK

DATE

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1. Article Addressed to:

Connecticut State Government
 c/o Governor John Rowland
 State Capitol
 210 Capitol Ave
 Hartford, CT 06106
 RE: Fed Court Case # 04-30080-MAP
 (11)

2. Article Number
(Transfer from)

7002 3150 0002 2103 4039

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Rowland*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

D. Rowland

C. Date of Delivery

*5/14/04*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,
State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Connecticut State Government, c/o Connecticut Attorney General
55 Elm St,
Hartford, CT 06106

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<p>1. Article Addressed to:</p> <p>Connecticut State Government c/o Connecticut Attorney General 55 Elm St Hartford, CT 06106 RE: Fed Court Case # 04-30080-MAP (12)</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery MAY 04 2004</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7002 3150 0002 2103 4022</p>		<p>102595-02-M-1540</p>	

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State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Governor John Rowland, Office of the CT Governor
State Capitol, 210 Capitol Ave
Hartford, CT 06106

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1. Article Addressed to:

Governor John Rowland
Office of the CT Governor
State Capitol
210 Capitol Ave
Hartford, CT 06106

RE: Fed Court Case # 04-30080-MAP
(15)

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

☐ Yes☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 3150 0002 2103 3995

Domestic Return Receipt

102595-02-M-1540